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Staff Education on Suicidal Screening in Young African American Male Adults With Bipolar Disorders

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Executive Summary: Staff Education Project

Staff Education on Suicidal Screening in Young African American Male Adults With Bipolar Disorders

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Executive Summary Submitted

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Summary

This Doctor of Nursing Practice education project aimed to enhance mental health providers' preparedness in culturally competent suicide screening, specifically for African American males with bipolar disorder in a behavioral health department. The practice issue identified was a lack of documented training, leading to underdiagnosis, missed interventions, and health disparities driven by cultural stigma, provider discomfort, and the absence of standardized guidelines. This represents a serious patient safety concern for African American males with mood disorders, such as bipolar, who are significantly underserved in mental health care.

The guiding question was: Does a suicide screening education program improve the knowledge of mental health providers when screening African American males with bipolar disorder? A two-hour workshop was conducted, and 10 participants completed pre- and post-intervention Likert-scale surveys measuring self-reported knowledge and familiarity with suicide screening tools. Descriptive statistics showed improvements across items in the survey. The training proved effective, resulting in a replicable, validated educational module. Improving providers' cultural competence and suicide risk assessment skills for African American males with bipolar disorder.

This intervention supports staff education to improve staff's ability to engage in screening to provide earlier diagnosis, better treatment outcomes, and improved trust between providers and patients. It offers a scalable model for broader use in behavioral health settings to reduce disparities and improve care quality for vulnerable populations and promote a positive social change.

Background

Suicide is a critical public health issue, particularly among African American males, where it ranks among the top three causes of death for those aged 15 to 24 (Hataway, 2024). Despite increasing awareness of mental health disparities affecting African American youth, this population continues to face significant barriers in accessing appropriate care. Underdiagnosis and inadequate intervention—especially regarding suicidal ideation—persist due to systemic bias, stigma, a lack of culturally competent care, and insufficient provider training.

As a result, expanding the capacity of frontline mental health providers to conduct effective, culturally responsive suicide screening is essential. Research consistently shows that providers often report discomfort, anxiety, or a lack of preparedness when conducting suicide risk assessments with African American male patients (Alang, 2019; Bailey et al., 2021). Many mental health professionals are unfamiliar with culturally sensitive communication methods or may hold implicit biases that hinder proper recognition and response to suicide risk (Dunne et al., 2022). This lack of training exacerbates disparities and widens mental health equity gaps.

Targeted training that builds provider knowledge and awareness in screening African American males with bipolar disorder is crucial for early identification and intervention (Wilson, 2024). This Doctor of Nursing Practice project was guided by the following practice-focused question: Does a suicide screening education program improve the knowledge of mental health providers when screening African American males with bipolar disorder?

This question addresses a key gap in provider preparedness and aligns with evidence showing that quality improvement (QI) initiatives in education can enhance provider clinical outcomes. It also supports national mental health goals related to suicide prevention, cultural competence, and equitable care delivery (Adebayo et al., 2024).

The project introduced a culturally responsive, evidence-based staff education program aimed at improving awareness of suicide risk factors specific to African American males, as well as equipping providers with validated screening tools and culturally competent communication strategies. The core instructional components included an overview of suicide risk in minority populations, the application of the Columbia-Suicide Severity Rating Scale (C-SSRS), and training in culturally appropriate communication techniques (see Hamilton, 2021).

The educational intervention aimed to empower providers to recognize early warning signs of suicidal ideation, respond appropriately, and initiate timely referrals—ultimately reducing preventable deaths. A strong body of literature supported the need for this practice change. Multiple studies demonstrated that targeted staff education increased clinical competency and reduced care disparities. Interventions tailored to high-risk, racially marginalized groups have been shown to improve provider performance, increase patient engagement, and decrease negative health outcomes (Alvarez et al., 2022).

Likert scale-based tools are widely supported in the literature as effective measures for evaluating provider knowledge in QI projects, both before and after educational interventions (Johnstone, 2025). These tools offer a standardized, accessible method to assess program effectiveness and guide future improvements.

The quality (Level) of supporting evidence for this project is rated as moderate to high according to the Johns Hopkins evidence-based practice (EBP) model (see Stalder, 2025 for a sample project using the Johns Hopkins model). Evidence includes systematic reviews, national epidemiological data from the CDC and SAMHSA, and peer-reviewed studies demonstrating measurable improvements in provider competence following educational interventions. While further research through randomized controlled trials may be needed for broader generalization, the current evidence strongly supports implementation at the organizational level.

Staff Education Project Development

The staff education project focused on improving the readiness of mental health providers to conduct suicide screenings for African American men diagnosed with bipolar disorder. Ten interdisciplinary mental health providers participated in the program. The sample included four registered nurses, three licensed social workers, and three case managers, all of whom were directly involved in patient care within the behavioral health department at the project site. These professionals were selected due to their regular contact with high-risk populations and their ability to impact patient outcomes by identifying suicidal ideation at early stages (Farr et al., 2021).

A two-hour in-service training session was developed and delivered on-site to address the identified practice gap. Three core learning objectives guided the session: Identifying suicide risk factors specific to African American males with bipolar disorder. Demonstrating the appropriate use of a suicide screening tool, specifically the Columbia- Suicide Severity Rating Scale (C-SSRS). Practicing culturally competent communication during the screening process. These objectives aligned closely with the

assessment measures to ensure consistency between the content taught and the outcomes evaluated.

The training material was delivered using a blended learning approach designed to promote engagement and encourage response. A PowerPoint presentation introduced key topics, including statistical patterns of suicide among Black males, the relationship between bipolar disorder and suicide risk, and the importance of culturally responsive screening practices. Following the didactic portion, participants engaged in case-based scenarios to help bridge theoretical knowledge with clinical application (see Clardy, 2025). Role-playing exercises further supported this learning by simulating provider-patient interactions, emphasizing appropriate language, tone, and cultural awareness in sensitive discussions about suicide. These interactive components fostered experiential learning and allowed participants to practice using the screening tool and communication techniques in a safe environment.

The project used a quantitative approach to evaluate improvements in provider knowledge. A 10-item Likert scale questionnaire was administered before and after the training. Participants rated their level of agreement with statements across two domains: knowledge of suicide risk in African American males with bipolar disorder and familiarity with culturally competent communication. The information was gathered in a paper-and-pencil form at the starting and finishing points of a 2-hour in-service training and then plotted on a spreadsheet.

Descriptive statistics were used to calculate mean scores for both pre- and post-intervention surveys. By comparing average scores, the effectiveness of the training in achieving its educational goals was assessed. Although the small sample size

limited statistical inference, the descriptive results revealed positive trends in knowledge acquisition. These findings offer valuable insight into the program's impact and highlight areas for future improvement.

Results

The purpose of this staff education project was to enhance the knowledge of mental health providers in conducting suicide screenings for African American males diagnosed with bipolar disorder. The results of the pre- and post-training surveys, based on a 10-item Likert scale, demonstrated a significant increase in knowledge among participants. The survey assessed key domain: Knowledge, including suicide risk factors, culturally competent communication, and use of screening tools. The domain consisted of ten Likert-scale items, rated from 1 (*Strongly disagree*) to 5 (*Strongly agree*). All ten participants completed both the pre- and post-assessments, providing a robust dataset for analysis.

As shown in Table 1, the mean pre-training knowledge score was 2.2, which increased to 4.3 post-training. These results indicate that the training was effective in improving participants' perceived knowledge and competence in conducting suicide screening for this high-risk population.

Table 1

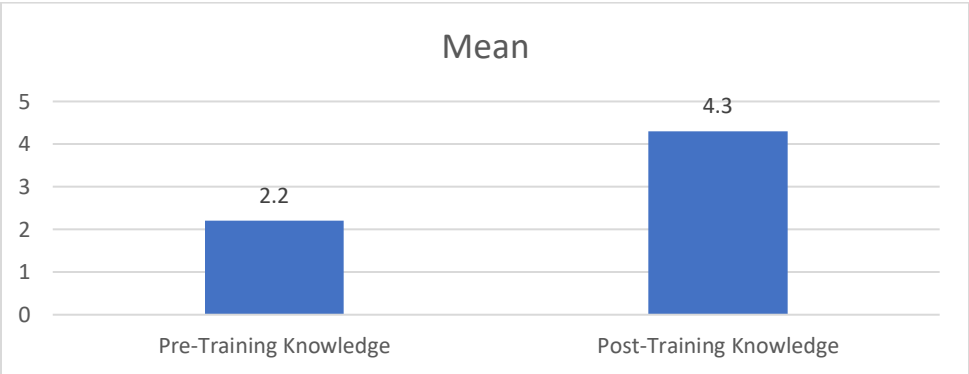
Staff Knowledge (Pre/Post Training)

Participant ID	Pre-training knowledge	Post-training knowledge
1	2	4
2	3	5
3	2	4
4	3	5
5	2	4
6	2	4
7	3	5
8	2	4
9	2	4
10	3	5
M	2.2	4.3

Figure 1 illustrates the average pre- and post-training scores. The chart clearly demonstrates an upward trend in participants' self-assessments following the educational session. The increase in mean scores supports the conclusion that the training module effectively enhanced provider knowledge in conducting suicide screenings with the target population.

Figure 1

Average Staff Scores in Knowledge Before and After Training



In addition to the quantitative results, informal qualitative feedback gathered during the training indicated an increased awareness among participants of the importance of culturally competent communication and the value of standardized suicide screening tools. Many providers reported feeling more prepared to identify at-risk patients and make appropriate referrals, reflecting a boost in self-efficacy and greater consistency in screening practices.

The organizational implications of these findings are encouraging. Staff expressed increased knowledge in addressing suicidal ideation and behavior with African American male patients—an essential step toward reducing disparities in mental health outcomes. The consistent improvement across participants, regardless of their professional roles or years of experience, suggests that the training content was both relevant and accessible. Furthermore, the training raised awareness about population-specific challenges such as stigma, mistrust of healthcare systems, and underreporting of symptoms among African American males.

Despite the promising outcomes, a few limitations must be acknowledged. The small sample size (n = 10) limits the generalizability of the results. Larger sample sizes would be needed to confirm the intervention's effectiveness across diverse care settings. Additionally, the project was conducted at a single mental health facility, which may constrain the broader applicability of the findings. Another limitation was the absence of long-term follow-up to assess the sustained impact of the training.

Nonetheless, the structure and outcomes of this training module present a strong foundation for broader application. The use of a Likert-scale evaluation tool was well-aligned with the training's learning objectives, allowing for a clear assessment of its

impact. Given its simplicity and demonstrated effectiveness, the intervention could be adapted for use in various clinical environments. Future plans include replicating the program with larger participant groups, incorporating it into new staff orientation, and expanding its scope to include additional cultural considerations or high-risk populations

Summarize the impact to the organization. Identify further recommendations that might be considered. Discuss potential implications for nursing practice and for positive social change, diversity, equity, and inclusion.

Conclusions

This demonstration project showed that providers were measurably better prepared to screen African American males with bipolar disorder for suicide risk following a culturally sensitive and targeted training session. The results from pre- and post-training surveys revealed significant gains in participants' knowledge, highlighting the effectiveness of the intervention. The project addressed a critical patient safety issue affecting a vulnerable and historically underserved population, offering practical benefits for clinical care and patient outcomes. Providers gained culturally competent tools and strategies to perform more effective and respectful suicide screenings.

Given the positive results from this initial implementation, expanding the training to other mental health service sites is strongly recommended, especially those serving diverse or high-risk populations. Broader implementation would allow the program to be tested and refined in varied clinical environments. Integrating the training into standardized onboarding or continuing education requirements for behavioral health professionals would help institutionalize this practice change. Additionally,

developing a formal, evidence-based suicide screening protocol would support long-term sustainability and promote consistent, best-practice approaches across clinical teams.

The implications for nursing practice are significant. The training improved clinical competency and helped nurses build trust with at-risk patients, particularly those who may experience stigma or marginalization in healthcare settings. Early and accurate suicide risk detection enhances patient safety—a key goal in modern nursing. Culturally competent communication also improves provider-patient interactions and increases the likelihood of appropriate, timely intervention.

On a broader social level, this project supports positive social change by improving providers' cultural competence and suicide risk assessment skills for African American males with bipolar disorder . By equipping providers with the skills to engage African American male patients more effectively, the intervention helps close mental health care gaps and promotes fair, responsive care. It underscores the importance of culturally grounded education in improving outcomes across diverse populations.

References

Adebayo, Y. O., Adesiyan, R. E., Amadi, C. S., Ipede, O., Karakitie, L. O., & Adebayo, K. T. (2024). Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. *World Journal of Advanced Research and Reviews*, *23*(1), 432–439. https://doi.org/10.30574/wjarr.2024.23.1.2040

Alang, S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research*, *54*(2), 346–355. https://doi.org/10.1111/1475-6773.13115

Alvarez, K., Polanco-Roman, L., Samuel Breslow, A., & Molock, S. (2022). Structural Racism and Suicide Prevention for Ethnoracially Minoritized Youth: A Conceptual Framework and Illustration Across Systems. *American Journal of Psychiatry*, *179*(6), 422–433. https://doi.org/10.1176/appi.ajp.21101001

Clardy, C. (2025). *Enhancing Self-Efficacy and learning from failure in doctor of physical therapy students: A case-based reasoning approach in simulation-based learning*. University of Memphis Digital Commons. https://digitalcommons.memphis.edu/etd/3812/

Dunne, J. P., Blackwell, E. K., Ursini, E., & Milliken, A. (2022). Ethical Issues in Psychiatric and Mental Health Care. *The International Library of Bioethics*, 175–203. https://doi.org/10.1007/978-94-024-2155-2_9

Farr, J., Surtees, A. D. R., Richardson, H., & Michail, M. (2021). Exploring the Processes Involved in Seeking Help from a General Practitioner for Young People Who Have Been at Risk of Suicide. *International Journal of Environmental Research and Public Health*, *18*(4), 2120. https://doi.org/10.3390/ijerph18042120

Hamilton, S. (2021). *Suicide Risk Assessment: An Evaluation of Graduate Students with the Columbia-Suicide Severity Rating Scale*. Proquest.com. https://search.proquest.com/openview/ecbfe117bb31fc79437a8ca8ca1875f8/1?pq-origsite=gscholar&cbl=18750&diss=y

Hataway, L. (2024, March 26). *Young Black men are dying by suicide at alarming rates*. UGA Today. https://news.uga.edu/young-black-men-dying-by-suicide-at-alarming-rates/

Johnstone, V. L. (2025). *Improving Prehospital Providers' Confidence in Performing Cricothyrotomies via Simulation and Cognitive Aid - ProQuest*. Proquest.com. https://search.proquest.com/openview/76825b17976824cfd07b855938cbf766/1?pq-origsite=gscholar&cbl=18750&diss=y

Lindner, J. R., & Lindner, N. (2024). Interpreting Likert type, summated, unidimensional, and attitudinal scales: I neither agree nor disagree, Likert or not. *Advancements in Agricultural Development*, *5*(2), 152oi.org/10.37433/aad.v5i2.351

Stalder, M. M. (2025). *Implementation of the Modified Early Obstetric Warning System (MEOWS) in obstetric patients within a Level IV maternal care facility*. [Student Scholarly Project, University of St. Augustine for Health Sciences]. USAHS Digital Commons Open Access Repository. https://soar.usa.edu/scholprojects/192/

Wilson, A. (2024). Addressing the Crisis of African American Suicide Among High School Students Suffering with Major Depressive Disorder: A Critical Analysis. *a Critical Analysis (Doctoral Dissertation, Regent University).* https://search.proquest.com/openview/de42a0e50e1a3f2723e1fc39a15851e4/1?pq-origsite=gscholar&cbl=18750&diss=y